



STATE OF HAWAII
**CRIME VICTIM COMPENSATION
COMMISSION**

333 Queen Street, Room 404
Honolulu, Hawaii 96813
Telephone: 808 587-1143
FAX 808 587-1146

PAULA CHUN-VETTER
Chair

JUDITH M. SOBIN
Member

LES S. IHARA
Member

ESTRA QUILAUSING
Administrator

AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION

This Section should be completed by the Applicant and given to the Employer for completion:

I, _____, [DOB: ____/____/____, SSN: ____-____-____],

authorize my employer, _____

Employer's Full Name

Street City State Zip Code

to release information to the Crime Victim Compensation Commission (CVCC) regarding my absence from work based on
an incident which occurred on _____.

Signature

Date

The Following Section should be completed by the Employer and returned to the above address:

Employee's job title: _____. The Employee was absent from _____ to
_____ and returned to work on _____. He/She was scheduled to work on (specify days/dates employee was
scheduled to work during this period) _____.

During the above period of absence, the employee **would have received** \$_____ in gross earnings, based on
\$_____ per hour, _____ hours per day, _____ days per week. Did the employee receive any of the following
benefits? (Please indicate gross amounts received.) If not eligible, please indicate the reason(s) for denial.

Vacation Leave / Sick Pay \$_____ Dates received for/Denial Reason _____

Temporary Disability \$_____ Dates received for /Denial Reason _____

Workers' Compensation \$_____ Dates received for/Denial Reason _____

Print or Type Name of Person Completing Form and Their Position Title

Employer Representative's Signature

Telephone

Date Completed